

Case 1:08-cv-02030 Document 7 Filed 06/12/2008 Page 1 of 1
U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number: 08 CV 2030

ELLA GLOVER

v.

KENWOOD HEALTHCARE CENTER, INC.

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

Defendant, Kenwood Healthcare Center, Inc.

JURY DEMANDED

NAME (Type or print) Gary D. Ashman	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Gary D. Ashman	
FIRM Ashman & Stein	
STREET ADDRESS 150 North Wacker Drive - Suite 3000	
CITY/STATE/ZIP Chicago, Illinois 60606	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 37710	TELEPHONE NUMBER 312/782-3484
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	